

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT



Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

07D

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  036-973	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
PAUL LOVINUS (2) 036-973 TEAMSTERS AFL-CIO 330 LU 344 10020 W GREENFIELD AVE MILWAUKEE, WI 53214 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
11	Milwaukee Drivers' Health & Welfare Trust - to provide for hospital, medical, dental, vision, & death benefits
	Milwaukee Drivers Pension Trust - to provide for pension & death benefits
14	Annual year end audit of financial statements by Thomas Havey & Co.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>William Canell</u> 03 / 20 / 01 (414) 258-4545 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>R. J. Jamin</u> 31 / 20 / 01 (414) 258-4545 Date Telephone Number	TREASURER (If other title, see instructions.)
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## During the Reporting Period Did Your Organization:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |                                     | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> |                                     |
| 12. Have a political action committee (PAC) fund? .....  |                                     | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |                                     | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> |                                     |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |                                     | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |                                     | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |                                     | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 5270

19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 400,000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 11-46 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 100
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 036-973

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....		1853253	1779197
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2	160525	338423
	30. Fixed Assets.....	5	236092	226153
	31. Other Assets.....	3		
	32. TOTAL ASSETS.....		2249870	2343773
LIABILITIES	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4		
	37. TOTAL LIABILITIES.....			
	38. NET ASSETS (Item 32 less Item 37).....		2249870	2343773

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 036 - 973

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		1956160	56. To Officers .....	9	151937
40. Per Capita Tax .....		293087	57. To Employees .....	10	660277
41. Fees .....			58. Per Capita Tax .....		417161
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	277476
44. Work Permits .....			61. Educational & Publicity Expense ...		885
45. Sale of Supplies .....		26465	62. Professional Fees .....		29157
46. Interest .....		84357	63. Benefits .....	11	395473
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	9387
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		71606
50. Loans Obtained .....	8		67. Withholding Taxes .....		303827
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	155807
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	323796	71. To Affiliates of Funds Collected on Their Behalf .....		
55. TOTAL RECEIPTS .....		2683865	72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	284928
			74. TOTAL DISBURSEMENTS .....		2757921

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 036-973

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69 .....           </div> <div>             ↑ Item 51 .....           </div> <div>             ↑ Item 75 ..... with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	338,423
5. Total Book Value	338,423
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) <i>Waddle &amp; Reed Mutual Fund</i>	338,423
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	338,423
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 036-973

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 036 - 973

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 10020 West Greenfield Avenue	70,003.		70,003.	100,000.
2. Totals from additional pages (if any)				
3. Buildings (give location): 10020 West Greenfield Avenue	299,948	206,328	93,620.	500,000.
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	172,166	109,636.	62,530	40,000.
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	542,117.	315,964	226,153	640,000.
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS *None*

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 036 - 973.

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. <i>Equipment</i>	<i>15,807</i>	<i>15,807</i>	<i>15,807</i>
2. <i>Investments- Mutual Fund</i>	<i>140,000</i>	<i>140,000</i>	<i>140,000</i>
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	<i>155,807</i>	<i>155,807</i>	<i>155,807</i>
	7. Less Reinvestments		
	8. Net Purchases		<i>155,807</i>
Enter the Total from Line 8 in .....			↑ Item 68

# SCHEDULE 8 — LOANS PAYABLE *None*

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					<i>0</i>
Enter the Totals from Line 6 in .....			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70
			↑ Item 75 with Explanation	↑ Item 34 Column (D)	



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 036-973

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1. BORCHARDT Title TRUSTEE	TERRY Status C	4800		3586		8386
2. BARBER Title TRUSTEE	BRIAN Status C	4800		774		5574
3. CARROLL Title PRESIDENT	WILLIAM Status C	66993		9000		75993
4. HAMILTON Title REC-SEC	GEORGE Status C	4800		585		5385
5. LOVINUS Title SEC-TREAS	PAUL Status C	87617		3383		91000
6. LIMPEL Title TRUSTEE	ANDREW Status P	4800		945		5745
7. WILLEY Title VICE PRESIDENT	BRIAN Status C	4800		366		5166
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		178610		18639		197249
				10. Less Deductions 45312		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements 151937		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 036-973

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> STANWOOD <small>First Name</small> STEPHAN <small>Position</small> CLERK <small>Name of Affiliated Organization</small>	34806				34806
2. <small>Last Name</small> JASINSKI <small>First Name</small> LORRIE <small>Position</small> CLERK <small>Name of Affiliated Organization</small>	32849				32849
3. <small>Last Name</small> KANACK <small>First Name</small> THOMAS <small>Position</small> BUSINESS REP <small>Name of Affiliated Organization</small>	73384		3252		76636
4. <small>Last Name</small> KOLUEK <small>First Name</small> MARLENE <small>Position</small> OFFICE MANAGER <small>Name of Affiliated Organization</small>	43970				43970
5. <small>Last Name</small> LELD <small>First Name</small> SHELLEY <small>Position</small> CLERK <small>Name of Affiliated Organization</small>	39369				39369
6. Totals from additional pages (if any)	629,741		44,985		674,726
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	16,436		—		16,436
8. Totals of Lines 1 through 7	870,555		48,237		918,792
9. Less Deductions			258,515		
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements 660,277		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 036-973

Description (A)	To Whom Paid (B)	Amount (C)
1. Group Life Insurance	American Income & Life	65,653.
2. Pension Benefits	milw. Drivers Pension Fund	152,719.
3. Health Insurance	milw. Drivers Health Fund	132,632
4. Severance Fund	M41 Trust	
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		395,473
Enter the Total from Line 6		Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Local Charities	8,787.
2. Labor Organizations	600.
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9387
Enter the Total from Line 8 in	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Membership Activities	43,969
2. Insurance	6,587
3. Supplies/Printing/Postage	145,852.
4. Telephone/Utilities	81,068.
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	277,476
Enter the Total from Line 8 in	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Sal/Rent Reimb from <sup>Milwaukee Drivers</sup> H+W + Pension	250,659
2. Financial Care	1,639
3. Life Insurance Dividends	71,498
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	323,796
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Building Maintenance	23,143
2. Reimbursed Wages	3,440
3. Refund Dues/Initiation	44,410
4. Organizing Expense	160
5. Steward Dues + Expense	119,096
6. Strike Expense	4,334
7. Auto/Travel/Meetings	89,845
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	284,928
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2000

FILE NUMBER: 036-973

PAGE 1 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: REUSCHLEIN First Name: MARY Position: CLERK Name of Affiliated Organization:	31603				31603
Last Name: JAMES First Name: COLEEN Position: TITAN OPERATOR Name of Affiliated Organization:	36351				36351
Last Name: LEPAK First Name: CYRIL Position: BUSINESS REP Name of Affiliated Organization:	40714		5399		46113
Last Name: JENKINS First Name: GREER Position: CLERK Name of Affiliated Organization:	27591				27591
Last Name: REDMOND First Name: JOHN Position: BUSINESS REP Name of Affiliated Organization:	81293		5854		87147
Totals	217552		11253		228805

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2000

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PAGE 2 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name TRACHSEL	First Name ROBERT	82563		6874		89437
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name TREIS	First Name GERALYN	45905				45905
Position ADMINISTRATOR						
Name of Affiliated Organization						
Last Name WAIT	First Name ROBERT	33188		4120		37308
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name WEBER	First Name ROBERT	86130		7595		93725
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name WEISSBRODT	First Name MARK	78448		7934		86382
Position BUSINESS REP						
Name of Affiliated Organization						
Totals		326234		26523		352,757

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2000

FILE NUMBER: 036-973

PAGE 3 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>ZODROW</div> <div>BRIAN</div> <div>Position</div> <div>BUSINESS REP</div> <div>Name of Affiliated Organization</div> </div>	85 955		7 209		93 164
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
Totals	85 955		7 209		93,164

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 036-973

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					